

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.
Grassy Mountain Facility
Inspection Record

TYPE: **Daily**
 FORM: **RD02**

Date of Inspection: _____ Time: _____ AM/PM PAGE 1 OF 1

SITE MONITORING SYSTEM

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
MONITORING WELLS and PIEZOMETERS OUTSIDE THE SITE SECURITY FENCE:	Check wells for damage to casing and security of the covers.				
	Check for evidence of tampering with the lock or cap.				
	Check for well visibility and accessibility to personnel.				

1	8	P1	P3	P4	P5	P6
P7	P8	P3A,B,C				

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO